

# **Connecticut Elder Action Network (CEAN) 2006 Legislative Summary**

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## **Connecticut Elder Action Network (CEAN) - Brief Background**

In response to requests from legislators that older adults and their advocates do their best to speak with a common voice, stakeholders throughout Connecticut came together to form a working advocacy group whose main goal was to develop and pursue a well-supported short list of legislative priorities. This effort, which has become known as the Connecticut Elder Action Network (CEAN), has involved a dynamic group of leaders working together to advance responsible public policy for elders. Its Executive Committee members include: the Connecticut Commission on Aging, AARP-CT, the Center for Medicare Advocacy, the Connecticut Association of Area Agencies on Aging, the Connecticut Coalition on Aging, the Connecticut Association of Municipal Agents for the Elderly, the Connecticut Association of Senior Center Personnel, Connecticut Community Care, and Connecticut Legal Services.

## **CEAN 2006 Priority Statements**

During the 2006 session, CEAN developed and promoted priority statements in three principal areas:

- **Medicare Part D Wrap-Around**
- **Funding for a Comprehensive Long-Term Care Needs Assessment**
- **Support for Elderly Nutrition Programs**

Primary rationales for selection of these three areas were:

- 1) that pharmaceutical drugs costs are prohibitively expensive for those elders without a source of financial assistance;
- 2) as endorsed in the Connecticut Long-Term Care Plan, that Connecticut will require current, representative data on consumer needs and the capacity of the provider network to rationally and humanistically allocate its long-term care dollars; and
- 3) that home-delivered and congregate meals represent a core preventative long-term care benefit for older adults residing in the community.

## **Detailed Results of the 2006 Session in CEAN Priority Areas:**

### **I. Medicare Part D Wrap-Around**

#### **Issue:**

Connecticut has committed to holding harmless 1) people who are dually eligible for Medicare and Medicaid; and 2) those who participate in ConnPACE, all of whom must

now depend upon Medicare as the primary payer for their prescription drug coverage. Although the Legislature established a certain level of “wrap-around” coverage to the Medicare Part D prescription drug benefit through **Sections 18-21 and 27-29 of Public Act 05-280 and Public Act 05-2 (Special Session)**, advocates remained concerned that funding for drugs not covered on an individual’s Medicare Part D formulary (“non-formulary” drugs) was not adequate to address the anticipated need. P.A. 05-2 established a \$5 million fund for this purpose, but estimates from the Center for Medicare Advocacy have identified the need for at least \$24 million over the course of SFY’07 (July 1, 2006 –June 30, 2007).

**Position:**

- Continue to hold harmless Connecticut’s dually eligible & ConnPACE participants.

**Background:**

**Sections 18-21 and 27-29 of Public Act 05-280**, enacted during the regular session in Spring, 2005, provided initial details of Connecticut’s wrap-around.

**Dual-Eligibles:**

P.A. 05-280 confirmed that as of the date of implementation of Medicare Part D (January 1, 2006), those who had historically received drug coverage as part of their Medicaid benefits would instead exclusively receive that coverage through Part D.

P.A. 05-280 also provided coverage for certain non-Part D drugs that were covered through December 31, 2005 by Medicaid.

**ConnPACE Participants:**

As conditions of eligibility for the ConnPACE program, P.A. 05-280 required participants 1) to select and enroll in a Medicare Part D plan; 2) to disclose information on income and assets; and 3) to appoint DSS as authorized representative for default selection of and enrollment in a plan and for purposes of appeal of denial of benefits.

P.A. 05-280 also provided that DSS would cover Medicare Part D monthly premiums, drugs needed during the “gap” period under the federal coverage, and prescription drug costs (co-payments and deductible requirements) over the standard \$16.25 co-payment unless there was a less expensive equivalent in the same category of drugs, whereupon the participant would be responsible for the difference.

Finally, P.A. 05-280 provided that participants would pay the actual cost of a given drug if it was less than \$16.25.

Separately, **Section 21 of Public Act 05-280**, also enacted in the regular session in Spring, 2005, required that ConnPACE participants make a \$16.25 co-payment when re-filling a prescription that has been lost, stolen or destroyed.

After analyzing P.A. 05-280, advocates identified three remaining gaps in coverage:

- 1) drugs not on Medicare formularies (covered through December 31, 2005 by ConnPACE & Medicaid);
- 2) actual costs of prescribed drugs above \$16.25 for people who have ConnPACE during Medicare's large coverage gap (covered through December 31, 2005 by ConnPACE); and
- 3) co-pays required by the federal law that created Medicare Part D, which would have been required of people who are dually eligible for Medicaid & Medicare effective January 1, 2006.

Following on calls to address these gaps, legislators passed **Public Act 05-2**, An Act Concerning Implementation of the Medicare Part D Program, during a special session in November, 2005. P.A. 05-2 fully resolved two of the identified gaps, covering co-payments obligated of those dually eligible for Medicare and Medicaid and ensuring that ConnPACE participants pay no more than \$16.25 per prescription during the federal "gap" period. Less fully resolved, however, was the issue of coverage for non-formulary drugs. Although the act set up a \$5 million "Medicare Part D Supplemental Needs Fund" (the Fund) to provide some coverage of medically necessary non-formulary drugs, there were immediate concerns that it would not be adequate to meet existing need.

### **2006 Session Results:**

Aware that the primary concern was ensuring coverage of non-formulary drugs, legislators again addressed wrap-around issues in the 2006 Session. The Governor's initial budget did not provide any SFY'07 funding for non-formulary drugs. In response, the Appropriations Committee budget proposed 1) that the Fund receive a \$5 million appropriation; 2) that \$1.5 million be appropriated in support of assisting consumers with the Medicare Part D "exceptions" (appeals) process; and 3) that \$500,000 be appropriated for ongoing outreach through DSS and the CHOICES program.

Through budget negotiations, the final result fulfilled two of those recommendations:

- 1) a SFY'07 appropriation for the Fund; and 2) establishment of a mechanism through which consumers seeking coverage for non-formulary drugs could be represented in the Medicare Part D "exceptions" process.

Details on how coverage of non-formulary drugs will work are provided by **Section 13 of Public Act 06-188 (signed by the Governor on 5/26/06)**, which establishes, where a ConnPACE or Medicaid recipient is denied coverage for a non-formulary drug by a Medicare Part D plan, that:

- 1) after the individual makes any required co-payment, DSS will cover a 30-day-supply of such drug;
- 2) DSS is appointed as authorized representative for purposes of the exceptions process;
- 3) DSS is authorized to contract with an organization to seek exceptions;
- 4) this organization will be charged with pursuing exceptions at least through the Independent Review Entity level; and
- 5) DSS will continue to pay for the drug until the plan agrees to pay for the drug, the exception is successful or, further appeal is unwarranted, or, if none of those occur, for the remainder of the calendar year

(effective 7/1/06).

The budget bill, **Public Act 06-186 (signed by the Governor on 5/25/06)**, provides \$5 million in funding for non-formulary drugs through the Fund and \$1.5 million in support of the contract for exceptions.

Further, **Section 14 of Public Act 06-188 (signed by the Governor on 5/26/06)**, among other provisions, 1) requires participants of the Connecticut AIDS Drug Assistance Program (CADAP) to participate in a Medicare Part D plan; and 2) permits DSS to cover Part D premiums and co-payments (effective 5/26/06).

Finally, **Public Act 06-170 (signed by the Governor on 6/6/06)** creates a council to advise DSS on Part D implementation.

## **II. Funding for a Comprehensive Long-Term Care Needs Assessment**

**Issue:** Over 2 billion dollars of the state budget is devoted to long-term care services and supports and it is growing. A one time investment in obtaining critical information to guide policymakers in creating policies and cost-efficient budgets is wise.

There is a huge shift in demographics underway that has to be evaluated relative to demands upon the long-term care system. It has been over 20 years since any kind of broad study was done. Connecticut's long-term care system is complex, fragmented, and costly.

The traditional "institutional" definition of long-term care no longer applies. It now includes such services and supports as transportation, adult day care, home care, respite care and any other type of service and support that people/families might need in any setting and for people of all ages.

The long-term care needs assessment was passed in law in 1998 and 2002 but not funded. During and since that time it has been a priority of the Long-Term Care Advisory Council and it was a major recommendation in the 2004 Long-Term Care Plan.

The scope of the proposed study encompasses an inventory of existing information on services and the long-term care system, an assessment of consumer/caregiver needs, the financial viability, capacity and performance of the current system, and recommendations relative to existing and future programs and service delivery systems. Provision has been made for funding the study which is to be done under the guidance of the Legislature, the Commission on Aging, the Long-Term Care Advisory Council, and the Long-Term Care Planning Committee.

Given the magnitude of state expenditures in this area, and the immediate demographic certainty of increased need, assessment and planning for future needs is required to 1) help the Legislature and departments of the State to set priorities for future policy and resource allocation; and 2) assist families in making provision for their own long-term care.

Over thirty organizations endorsed the needs assessment embodied in SB 346 as a priority, including the Commission on Aging, the Long-Term Care Advisory Council (comprised of consumers, providers, and advocates) and the Long-Term Care Planning Committee (comprised of state agencies and legislators) and it was the sole

recommendation of the Task Force on a Department on Aging. Co-sponsors of this legislation represented both chambers and both sides of the aisle.

**Position:**

- Support SB 346, An Act Concerning the Comprehensive Needs Assessment

**Background on the Task Force on Re-Establishment of Department on Aging:**

Historically, Connecticut's State Unit on Aging (SUA) was housed in a stand-alone Department on Aging. In 1993, this department was grouped with the newly established Department of Social Services (DSS), becoming DSS's Elderly Services Division.

Over time, certain individuals expressed concern that locating aging services within an omnibus social services entity was not the ideal vehicle through which to meet identified need for an easily recognized point of entry. After debate on this issue, which spanned several legislative sessions, **Sections 52 and 53 of Public Act 05-280** re-established a Department on Aging with statutory responsibilities consistent with those of the current SUA (the DSS Division of Aging, Community and Social Work Services) and established a task force to study implementation issues.

In anticipation of the need to formulate a recommendation on the structure of a department on aging, members of the Task Force met over the course of Fall, 2005 and ultimately received three alternate proposals from the Office of Policy and Management. These included: a) creation of a new, small (4-5 staff) stand-alone planning office charged with liaising among the various departments of the State that administer elderly services programs; b) establishment of a bureau on aging services within the Department of Social Services, to include the present Aging Services Division, the Home Care Program for Elders, and ConnPACE; and b) separation of the present Aging Services Division into a new, small, stand-alone department.

After significant discussion of these proposals, members adjourned to consider their positions and re-convened for a final meeting in January, 2006. At this meeting, Senator Jonathan Harris (current Co-Chair of the Select Committee on Aging) presented introductory remarks that emphasized Baby Boom demographic trends and the complexity of service needs of older adults. His comments lead up to a proposal that in lieu of making a final recommendation on the proposals as presented, the Task Force recommend funding of a comprehensive long-term care needs assessment as a more sound and evidence-based premise for a future recommendation. This proposal was unanimously endorsed by the members of the Task Force. Senate Bill 346 was subsequently raised by the Select Committee on Aging and would serve this purpose.

**2006 Session Results:**

**Section 38 of Public Act 06-188 (signed by the Governor on 5/26/06)** authorizes the Legislature, in consultation with the Commission on Aging, the Long-Term Care Planning Committee and the Long-Term Care Advisory Council, to contract for a comprehensive long-term care needs assessment to include cataloguing of existing structure and services, determination of consumer need, projection of future need, and recommendations concerning new initiatives to meet such need.

The budget, **Public Act 06-186 (signed by the Governor on 5/7/06)**, appropriates \$200,000 for this project to the Commission on Aging.

### **III. Support for Elderly Nutrition Program**

#### **Issue:**

State match and state supplemental funds for home-delivered and congregate meal programs are provided through the “Elderly Services” line item of the Department of Social Services budget. These critical funds are inadequate to meet the growing demand in Connecticut, especially given significant recent reductions in federal funding. Home-delivered meals are a core long-term care support for frail, homebound elders representing a vital source of balanced nutrition, a social connection with the delivery person, and an essential element of preventative health. Congregate meals have similar nutritional and psycho-social benefits.

#### **Background:**

Dietary quality/good nutrition plays a key role in preventing or delaying the onset of chronic diseases (Federal Interagency Forum on Aging-Related Statistics, 2000). In a national study conducted by the Interagency Forum and based on the U.S. Department of Agriculture’s food guide pyramid and dietary guidelines for Americans, 67% of individuals age 60 and older reported diets that need improvement. The study further revealed that older persons living in poverty (21%) were more likely to report poor diets than were older persons living above the poverty line (11%). Scores for older persons were lower on components of the instrument measuring daily servings of fruit and dairy products.

Social support is believed to exert a beneficial effect on food intake and dietary habits among older Americans, especially when they are asked to follow dietary modifications or when they have difficulty performing routine activities of daily living. Research conducted by the University of Connecticut and published in the *Journal of the American Dietetic Association*, concludes that single low-income older women living in subsidized housing (living in one of 1,916 housing units in one of 16 Connecticut towns) are at nutritional risk and would benefit from social support. In this study social support is defined as an interaction, distinct from social contact or companionship, extended in response to an identified stressor. (Pierce, 2000). Community café meals are specifically intended to combine the nutritional benefits of a balanced meal with the socialization opportunities available in a group setting, thereby meeting the need for social support.

The nutritional needs of the elderly as perceived by the elderly community were assessed by the Senior Nutrition Awareness Program (SNAP) at the Universities of Connecticut and Rhode Island. Conducted in early 2000, the survey revealed the following nutritional needs:

- 22% reported the need for help with shopping and cooking;
- 19% reported they ran out of food frequently;
- 15% reported they didn’t have enough money to purchase all the food they need;
- 10% reported they eat fewer than 2 meals a day;
- 15% reported they participate in free food programs when available; and
- 25% reported they currently receive food stamps.

In 2005, 26,451 older adults received over 2,549,408 meals through the Connecticut Elderly Nutrition Program.

During that same year, Connecticut received \$5,240,171.00 in Title IIIC-1 (congregate meals) and \$2,251,283 in Title IIIC-2 (home-delivered meals) funding from the Administration on Aging, Older Americans Act. In addition, Connecticut received \$1,515,536.00 in Nutritional Services Incentive Program (NSIP) dollars to assist in the operation of the Elderly Nutrition Program. Finally, the State of Connecticut contributed \$2,246,847 in matching funds. Total dollars spent on elderly nutrition equaled \$11,253,837.

In FFY'05, Connecticut's NSIP funding was decreased by \$419,000 due to reduction in the overall level of meal service nationally. The Department of Social Services was able to absorb this reduction in 2005 by utilizing underruns in other accounts, but Connecticut's NSIP dollars were again cut by in FFY'06. Without additional financial support from the State, programs will otherwise be forced to reduce the number of people served.

#### **Positions:**

- Support bills (SB 171, SB 266, and the Governor's budget proposal) that seek to maintain and enhance the Elderly Nutrition Program.

#### **2006 Session Results:**

The budget, **Public Act 06-186 (signed by the Governor on 5/7/06)**, increases funding for the Elderly Nutrition Program by \$800,000. This funding is located in the "Elderly Services" line of the DSS budget.

## **IV. Other Bills of Interest**

### **Favorable Action**

#### **Adult Day Care**

- **Supplemental Funding: Public Act 06-186 (signed by the Governor on 5/7/06)**, the budget act, appropriates additional funding to help meet uncovered costs of providing transportation to attendees of adult day care. DSS has just notified providers that effective July 1, 2006, the full-day rate for medical providers has been increased to \$61.70.

#### **Alzheimer's Respite**

- **Funding for Statewide Respite Program: Public Act 06-186 (signed by the Governor on 5/7/06)**, the budget act, appropriates \$1,288,043 to the Statewide Respite Program (increased by \$19,035 from current year appropriation of \$1,269,008).

## Consumer Protections

- **Funeral Contracts: Public Act 06-87 (signed by the Governor on 5/30/06)** seeks to standardize funeral contracts and to require enhanced documentation of and notification to beneficiaries concerning escrow accounts.

## Entitlements

- **Social Security Offset under Worker's Compensation Act: Public Act 06-84 (signed by the Governor on 5/30/06)** eliminates the Social Security offset under the Workers' Compensation Act.
- **Burial Assistance: Sections 17-19 of Public Act 06-188 (signed by the Governor on 5/26/06)** increase burial assistance for recipients of SAGA, State Supplement and TFA from \$1,200 to \$1,800 (effective 7/1/06).

## Grandparents Raising Grandchildren

- **Notice to Grandparents of Removal of Child From Home: P.A. 06-37 (signed by the Governor on 5/8/06)** requires DCF to notify a child's grandparents that he or she has been removed from home.
- **Kinship Navigator Program:** The budget, **Public Act 06-186 (signed by the Governor on 5/7/06)**, includes funding for a Kinship Navigator Program.

## Home Care

- **Personal Care Assistant Pilot: Section 9 of Public Act 06-188 (signed by the Governor on 5/26/06)** expands the State-funded Personal Care Pilot that is operated through the Connecticut Home Care Program for Elders from 150 to 250 slots (effective 7/1/06).
- **Prior Authorization of Home Health Aide Visits: Section 15 of Public Act 06-188 (signed by the Governor on 5/26/06)** requires prior authorization for Medicaid-funded home health services in excess of 14 hours per week (effective 7/1/06).
- **Registration of Homemaker/Companion Agencies: Sections 52-62 of Public Act 06-187 (signed by the Governor on 5/26/06)** require homemaker/companion agencies to 1) annually register with and pay a \$300 fee to the Department of Consumer Protection; 2) maintain surety bonds; 3) perform a "comprehensive background check" (this is not defined) on and obtain a statement concerning a) crimes of "dishonesty or violence; and b) disciplinary action by any licensing agency from all employees hired on or after 10/1/06; 4) make records available to DCP; and 5) provide clients other than those served by the Connecticut Home Care Program for Elders with detailed, written, individualized plans of care (effective 10/1/06).

## Medicaid

- **Modification of Existing Waivers:**
  - **Section 8 of Public Act 06-188 (signed by the Governor on 5/26/06)** removes the upper age cap on the existing Personal Care Assistant Waiver, which currently serves only individuals age 18-64 (effective 7/1/06).

- **Section 27 of Public Act 06-188 (signed by the Governor on 5/26/06)** permits DSS to expand the Medicaid for Employed Disabled Persons Program to individuals age 65 and older (effective 7/1/06).
- **Authorization for New Waivers**
  - **Section 32 of Public Act 06-188 (signed by the Governor on 5/26/06)** permits DSS to either amend the Medicaid State plan, or to seek approval from CMS for a home and community-based waiver, to provide services that will allow individuals with severe psychiatric disabilities to avoid institutionalization or to return to the community from a nursing facility (effective 7/1/06).
  - **Section 44 of Public Act 06-188 (signed by the Governor on 5/26/06)** authorizes DSS to apply to CMS to establish a “Money Follows the Person” demonstration project for no more than 100 persons (effective 7/1/06).
  - The budget, **Public Act 06-186 (signed by the Governor on 5/7/06)**, includes \$400,000 in support of implementing new home and community-based waivers for those with HIV/AIDS and MS.

#### **Nursing Home Issues**

- **Dementia Unit Disclosure/Dementia-Specific Direct Staff Training Requirements: Sections 55-56 of Public Act 06-195 (signed by the Governor on 6/7/06)**, 1) require, where an individual is to be placed in an Alzheimer’s unit or program, written disclosure by the facility to the individual or his/her authorized representative of the additional care or treatment that is to be provided; and 2) establish a 8-hour dementia-specific minimum training requirement for all staff who provide direct care in such units or programs.
- **Reimbursement: Sections 1 through 5 of Public Act 06-188 (signed by the Governor on 5/26/06)** provide rate increases for nursing facilities, ICF-MR’s, and residential care homes (effective 10/1/06).

#### **Probate Matters**

- **Health Care Decision-Making: Sections 59 through 81, and Section 87 of Public Act 06-195 (signed by the Governor on 6/7/06)**, 1) modernize Connecticut’s statutes by combining the authority of the health care agent and attorney-in-fact for health care decisions into a unified proxy: the “health care representative”; 2) expand the scope of a living will from covering only decisions concerning life support to include any aspect of health care; 3) confer on the “health care representative” the authority to make any and all health care decisions for a person who is incapable of expressing those wishes him or herself; 4) clarify that a conservator must comply with the previously executed advance directives of a ward; 5) ensure that advance directives executed prior to the effective date of the proposed law remain valid; and 6) establish a comity provision, which provides for recognition of advance directives validly executed elsewhere that are not contrary to Connecticut public policy (effective 10/1/06).

## **Taxation**

- **Municipal Property Tax Freeze Option: Public Act 06-176** (signed by the Governor on 6/9/06) allows municipalities to freeze property tax obligations of homeowners and their spouses where the homeowner 1) is age 70 or older; 2) has lived in Connecticut for at least one year; 3) meets Circuit Breaker income limits (currently, \$27,700 for individuals and \$33,900 for couples); and 4) meets any asset limits that are imposed by the involved town.
- **Treatment of Veteran's Benefits: Public Act 06-153** (signed by the Governor on 6/6/06) excludes veterans' disability payments from being considered income for purposes of qualifying for property tax exemptions.

## **Transportation**

- **Independent Transportation Network Grants: Sections 40-41 of Public Act 06-188** (signed by the Governor on 5/26/06) increase the maximum Independent Transportation Network (ITN) grants to the four selected towns from \$25,000 each to \$50,000 each and remove the overall cap on funding of \$100,000 (effective upon passage)

## **No Action/Veto**

### **Assisted Living**

- **State-Funded Pilots:** A bill that sought to increase the participation cap on the state-funded affordable assisted living programs from 75 to 150 died in committee.
- **Posting re Long-Term Care Ombudsman Program:** A bill that sought to require that managed residential communities distribute to residents and post information on the Long-Term Care Ombudsman Program, and to impose civil penalties for failure to do so died on the Senate calendar.

### **Consumer Protections**

- **Predatory Lending:** A bill that sought to require mortgage brokers and lenders to give full disclosure of terms, risks, need for professional consultation, costs and implications of inability to make payments died in committee.
- **Money Management Assistance:** A bill that sought to appropriate \$650,000 to DSS in support of a new state-wide money management program for low-income older adults and individuals with disabilities died in committee.

### **Energy Assistance**

- **Various:** Bills that sought 1) to create a medication expense spend-down provision for older adults and those with disabilities in determining eligibility for fuel assistance; and 2) to a) permit older adults and individuals with disabilities to deduct unreimbursed prescription drug expenses from income used to assess eligibility for energy assistance; b) to adjust facility rates to accommodate increased energy costs; and c) to increase funding for the energy assistance program died in committee.

## Home Care

- **Eligibility Determinations:** A bill that sought to authorize DSS to implement presumptive eligibility determinations for eligibility for both Medicaid waiver and state-funded components of the Home Care Program for Elders died in committee.

## Housing

- **Enhanced Support for Older Adults and Individuals with Disabilities:** A bill that sought to 1) require DSS to partner with DECD, DMHAS and CHFA to establish a program of rental assistance and supportive services for nonelderly individuals with disabilities living in public or private housing, and provide \$2.5 m. in support of such program; 2) provide \$1 m. in grants-in-aid for resident services coordinators; and 3) provide \$2 m. for rental assistance for the elderly died in committee.

## Insurance

- **Information Line:** A bill that sought to enlist DOI, DSS and the Office of the Healthcare Advocate in studying the feasibility of a toll-free number through which State residents could receive health insurance information died in committee.

## Medicaid

- **Eligibility Standards:** Bills that sought 1) to require DSS to file an amendment to the Medicaid state plan to increase the medically needy income limit for older adults and those with disabilities to 100% of the FPL; 2) to repeal the previously enacted transferee liability provisions; and 3) in determining income eligibility of a relative caregiver for DSS programs, to exclude income attributable to a child, died in committee.
- **Coverage:** Bills that sought 1) to require that the Medicaid State Plan be amended to cover as optional services chiropractic, natureopathy, podiatry, psychology, optometry, audiology, speech pathology, optician service, hospice and personal care assistant services; 2) to require transportation to medical services for SAGA participants; and 3) to create a state-funded pilot to permit 75 individuals with incomes in excess of 300% of SSI to remain in residential care homes died in committee.
- **Dual-Eligibles:** Bills that sought to require DSS to fully reimburse medical providers that serve those dually eligible for Medicare and Medicaid died in committee.
- **Independent Office of Administrative Hearings:** A bill that sought to create an independent Office of Administrative Hearings died in committee.
- **Federal Match:** A bill that sought to prohibit DSS from accepting less than 50% federal match, unless a program had previously been solely state-funded, died in committee.
- **Waiver Process:** A bill that sought 1) to require that any waiver application submitted per C.G.S. Section 176-8 reflect modifications made, if any, by the committees of cognizance; and 2) to establish that DSS may not submit a waiver application that has been rejected by those committees died in committee.

## Nursing Home Issues

- **Ombudsman Program:** A bill that sought 1) to require nursing facilities and chronic disease hospitals to notify residents, both on admission and ongoing through posting, of patient advocacy programs; and 2) to enhance guidelines and training concerning pre-admission screening and to require the Ombudsman in collaboration with DSS, DPH and DMHAS to develop and implement a pilot mobile care integration team died in committee.

## **Prescription Drugs**

- **Expansion of Eligibility:** Bills that sought 1) to provide graduated ConnPACE benefits as follows: to provide 75% of program benefit to individuals whose income is greater or equal to \$20,800 but less than \$23,300 and couples whose income is greater or equal to \$28,100 but less than \$30,500; and to provide 50% of program benefit to individuals whose income is greater or equal to \$23,300 but less than \$25,800 and couples whose income is greater or equal to \$30,500 but less than \$33,500; and 2) to permit those who are over-income to buy in to the program by paying premiums; died in committee.
- **Consumer Protections:** Bills that sought 1) to require DSS to cover up to 120 dosage units for ConnPACE participants whose Medicare Part D plans limit them to thirty day supplies; 2) to reduce the ConnPACE co-payment to \$10.25 per prescription; and 3) a) in all situations in which prior authorization is required but has not been obtained, to provide Medicaid, SAGA and ConnPACE participants with immediate authorization for up to a thirty-day supply of a prescribed drug; b) to mandate electronic confirmation of payment to the pharmacist; c) require notice concerning prior authorization to the prescriber (via FAX or e-mail) and the participant (via mail); and d) to require DSS and its sub-contractors to provide participants with written notice of the right to a hearing died in committee.
- **Drug Pricing:** Bills that sought 1) to require the state to participate in a multi-state prescription drug bulk purchasing pool; and 2) to require pharmacists to disclose prescription drug cost information to the Office of the Attorney General and to require DSS to annually release to the Attorney General a list of the 100 drugs most prescribed under the ConnPACE and Medicaid programs died in committee.

## **Probate**

- **Conservators:** Bills that sought 1) to a) strengthen, by placing greater emphasis on self-determination and previously expressed wishes, the decisional guidelines for probate courts in determining whether a conservator should be appointed; b) permit applications for termination of involuntary representation; and c) permit, where an application for involuntary representation is contested, transfer of the matter to Superior Court; and 2) to clarify that DSS serves as conservator only for those whose assets at the time of appointment and thereafter remain at or below \$1,500 died in committee.
- **Court Operations:** A bill that sought to implement the LPRI Committee's recommendations concerning the Probate Court system, including such measures as a) further study of opportunities for consolidation; b) standards for and testing of judges; and c) regulations concerning court operations (hours, staffing, workload) died in committee. A bill that sought to provide additional credited service for judges and employees upon a merger, eliminate some probate court fee increases, and to transfer jurisdiction over an application for voluntary/involuntary conservatorship of a hospitalized individual to the court that covers the hospital's location died on the Senate calendar.

## **Taxes**

- **Income Tax:** Bills that sought 1) to create an income tax exemption for premiums paid on long-term care insurance policies; and 2) to create an income tax deduction for purchase of long-term care insurance died in committee.
- **Gift/Estate Tax:** Bills that sought 1) to phase-out or repeal the unified gift/estate tax; 2) to exempt certain items, including the value of principal residence, life insurance benefits, and farm and forest lands; 3) to adjust the rates to eliminate the sudden increase at a value of \$2,000,001; and 4) to exempt \$2 m. from the estate tax died in committee.

## **Transportation**

- **Fuel Cost Assistance for Providers:** Bills that 1) sought to appropriate funds in support of year-end adjustments by DSS to providers of Medicaid non-emergency medical transportation based on increased fuel costs; and 2) to make non-profit providers of elderly and disabled transportation eligible for refunds of the motor vehicle fuels tax died in committee.
- **Advisory Committee:** A bill that sought to establish an independent transportation networks advisory committee died in committee.

## **VI. Conclusion**

The 2006 Legislative Session in Connecticut provided unprecedented opportunities for bipartisan policy-making, innovation and progress.

CEAN is particularly grateful to the Co-Chairs of the Select Committee on Aging, Senator Jonathan Harris and Representative Art Feltman, who lead efforts and achieved excellent results in two of CEAN's priority areas: funding for the comprehensive long-term care needs assessment and the elderly nutrition program. Their work illustrates the value of selecting and championing a small number of strategic and well-framed priorities.

CEAN also acknowledges the work of the Legislature in reflecting the priorities of the Connecticut Long-Term Care Plan. The Plan emphasizes the importance of four important areas, in each of which there was legislative progress:

- reinforcing key principles of needs-based planning, consumer choice, and self-determination
  - The needs assessment will provide a base of data on which planning, policy recommendations and expenditures can be based.
- overcoming age/life stage compartmentalism in design and implementation of long-term care services
  - New authorization for Medicaid waivers will for the first time support those under the age of 65 with chronic physical and/or psychiatric conditions who require services and supports to remain independent in the community.
- increasing, over time, the percentage of Medicaid funds expended on home and community-based care

- Continuing appropriations for the Connecticut Home Care Program for Elders, as well as new initiatives such as exploration of a “Money Follows the Person” demonstration project will continue to shift Medicaid spending toward cost effective alternatives that reflect consumer preference.
- strengthening the capacity of the provider network
  - Rate enhancements for institutional care providers, new dementia-specific training requirements for direct care providers in nursing homes, and registration requirements for homemaker/companion agencies will contribute to network capacity.

Ongoing, much is needed in the area of long-term care. There still remain many barriers, including complex, program-specific eligibility requirements, to accessing help. There also remain many areas in which Connecticut could make much more significant investments now in preventative coverage that would forestall later spending on acute care. Finally, the provider network is struggling with numerous challenges in meeting growing needs: covering costs, maintaining staffing, and ensuring quality of care. These areas must continue to inform future sessions.